

Alexander County Parks & Recreation

- OFFICIAL REGISTRATION -

Sport_____

Name_____

Mailing Address_____

City_____ Zip_____

Birth Date_____ Present Age_____ Telephone_____

School_____ Grade_____

Team Last Year_____

Coach Last Year_____

Insurance Enrollment: I do want _____ to be insured
(Name)

I do not want _____ to be insured through the Recreation Dept.
(Name)

Parent's or Guardian's Approval_____ Date_____

The parent's approval will give permission to play and participant's "Clean Bill of Health."
The Recreation Department appreciates your cooperation and support of it's programs.

